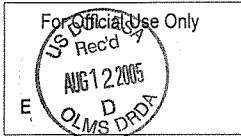


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5709</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John T Dugan P.O. Box, Bldg., Room No., if any Street 413 Penwood Drive City Edgewater State Maryland ZIP Code +4 21037	4. Name, file number, and address of labor organization. Name United Association of JAPPI Labor Organization File Number 000-111 P.O. Box, Building and Room Number, if any Street 901 Massachusetts Avenue, NW City Washington State District of Columbia ZIP Code +4 20001
5. Position in labor organization. Director of Jurisdiction	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John T. Dugan</u>	On <u>8/8/2005</u> Date	<u>202-628-5823 (Ext. 260)</u> Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Pipe Trades JTC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 901 Massachusetts Avenue, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20001</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name To numerous to list</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The ITF is a Taft-Harley, multi-employer, training fund created for the purpose of providing (1) education, training and other benefits and (2) grants to Local Union apprenticeship funds, education funds or training funds for the purpose of training.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner at the North American Pipe Trades Conference in Hollywood, FL</p>
	<p>12.b. Amount. \$174</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name National Inspection Testing & Certification</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 Shatto Place, Suite 201</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name To numerous to list</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The NITC is a therd-party personnel certification agency, specializing in Firesprinkler Fitter Mastery Certification, HVAC Mastery Certification, Journeyman Pipefitting/Steamfitting, Journeyman Plumber, Med. Gas Inspector & Installer and others.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift</p> <p>12.b. Amount. \$45</p>

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Piping Industry Progress and Education</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 501 Shatto Place, Suite 200</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name To numerous to list</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PIPE is a labor-management cooperation committee formed to improve communications between labor and management, to study and explore new and innovative joint approaches to problems, and to improve health and safety in the plumbing and piping industry.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift</p> <p>12.b. Amount. \$179</p>

National Inspection Testing and Certification Corporation
501 Shatto Place, Suite 201
Los Angeles, CA 90020

LM-30 Statement
(2004 Expenses)

Name:		J. Dugan	
Reimbursements		Amount:	
Amount:		January	
Description:		Amount:	
		Description:	
Amount:			
Description:			
		February	
Amount:		Amount:	
Description:		Description:	
		March	
Amount:		Amount:	
Description:		Description:	
		April	
Amount:		Amount:	
Description:		Description:	
		May	
Amount:		Amount:	
Description:		Description:	
		June	
Amount:		Amount:	
Description:		Description:	
		July	
Amount:		Amount:	
Description:		Description:	
		August	
Amount:		Amount:	
Description:		Description:	
		September	
Amount:		Amount:	
Description:		Description:	
		October	
Amount:		Amount:	
Description:		Description:	
		November	
Amount:		Amount:	
Description:		Description:	
		December	
Amount:		Amount:	
Description:		Description:	
Total:		Total:	
0		44.81	

Grand Total	
44.81	

Total:	
0	

LM 30 Statement
(2004 Expenses)

Name:		J. Dugan	
Reimbursements		Travel, Lodging & Meals	
Amount:		January	
Description:	Amount:		July
	Description:		Description:
Amount:			
Description:			
	February		August
	Amount:		Amount:
	Description:		Description:
Amount:			
Description:			
	March		September
Amount:	Amount:		Amount:
Description:	Description:		Description:
Total:			Total:
0	April		October
	Amount:		Amount:
	Description:		Description:
	May		November
	Amount:		Amount:
	Description:		Description:
	June		December
	Amount:		Amount:
	Description:		Description:
Total:			
0			